

**PROVISION OF OCCUPATIONAL HEALTH CARE SERVICES TO MUNICIPAL  
EMPLOYEES UTILIZING FIRE DEPARTMENT PARAMEDICS**

Strategic Management of Change

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## **ABSTRACT**

Traditionally, occupational health care services for municipal employees have been provided by contracted physicians. With increasing requirements and costs associated with the provision of these type of services, the Altamonte Springs Fire Department investigated the potential for at least part of their provision utilizing in-house fire department paramedics.

This project utilized descriptive and evaluative research methods to identify: a) what laws exist in the State of Florida that would prohibit or allow Altamonte Springs Fire Department paramedics to deliver occupational healthcare services; b) what are the occupational health care services that paramedics can deliver to municipal employees; c) what similar programs are now being provided by other fire service agencies; and d) what opinions do local healthcare providers and the EMS system Medical Director have concerning the expansion of occupational health care by fire department paramedics.

The procedures utilized for this project included review of written material on occupational health care provision; review of Florida Statutes; personal interviews; and surveys of fire departments both within Florida and nationwide.

The findings of the research indicated that there is a variety of occupational health care services that can be legally administered by fire department paramedics to municipal employees that would result in substantial savings. These savings are both tangible (cost of service) and intangible (savings by decreasing sick time use).

The recommendations of the research were for Altamonte Springs Fire Department paramedics to expand workers compensation injury evaluation; provide an aggressive City-wide influenza program;

begin TB testing, Hepatitis B vaccination and testing to fire department employees and Hepatitis A vaccination to certain public works employees. A recommendation was made for a second phase of the program to include measles/mumps/rubella (MMR) and tetanus-diphtheria vaccinations as well as wellness testing such as coronary risk profiles.

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## INTRODUCTION

The Altamonte Springs Fire Department (Florida) began the provision of Advanced Life Support (ALS) Emergency Medical Services (EMS) to the community in 1978. Emergency Medical Transport (fee based) service was begun in March of 1996. ALS and transport delivery is provided with other fire/rescue agencies located in Seminole County by a unique first response type system operating from a common dispatch center.

Paramedics from the Altamonte Springs Fire Department have historically evaluated worker compensation injuries for all the employees of the City of Altamonte Springs to determine what level of follow-up care, if any, may be required. Required (TB testing, hepatitis vaccination) and other traditional and non-traditional (influenza vaccinations) occupational healthcare services are provided by contract with local medical providers. As costs associated with employee injuries and illness continue to increase, it has become apparent that fire department paramedics may be able to provide an expanded role in the delivery of both preventative occupational health care programs and in the actual treatment of some occupational injuries. The problem is that no plan or program currently exists for the provision of occupational health care services by fire department paramedics for municipal employees.

The purpose of this research project was to determine the feasibility of establishing an in house delivery program of selected occupational health care services to all the employees of the City of Altamonte Springs utilizing fire department paramedics. Descriptive and evaluative research sought to answer the following questions:

1. What laws exist in the State of Florida that would prohibit or allow Altamonte Springs Fire

Department paramedics to deliver occupational health care services?

2. What are the occupational health care services that paramedics can deliver to municipal employees?

3. What similar programs are currently being provided by other fire service agencies within Florida as well as nationwide?

4. What opinions do local occupational healthcare providers and the EMS system Medical Director have concerning the expansion of occupational health care by fire department employees.

## **BACKGROUND AND SIGNIFICANCE**

### Altamonte Springs Fire Department

The Altamonte Springs Fire Department provides fire and emergency services including ambulance transport to the municipality of Altamonte Springs located in Seminole County, Florida. The Altamonte Springs Fire Department provides service utilizing an operational staff of 60 personnel along with an administrative and support staff of 7 and a Building and Life Safety Services Staff (Building and Fire Inspections, Investigation) of 11. The department operates from 4 stations and utilizes 3 engines, 2 transport rescues, 1 tower truck, 1 heavy rescue and a shift commander serving a resident population over 40,000. Altamonte Springs Fire Department is one of 9 fire and emergency departments within Seminole County. The other departments range in size from a single station municipal department to a 12 station unincorporated county department. This group of departments has functionally consolidated

many redundant functions including dispatch and apparatus maintenance. While the local law enforcement jurisdictions oversee the initial 911 Public Safety Answering Point (PSAP), all fire, rescue and ambulance transport is dispatched through the Seminole County Communications Division. The majority of fire rescue agencies also provide ALS and ambulance transport for the residents of Seminole County.

A unique automatic aid agreement (“First Response”) exists between all the providers. This agreement eliminates jurisdictional borders and ensures that the closest unit to an emergency incident is sent regardless of where the incident event occurs. An Automatic Vehicle Locator (AVL) System is currently being installed to enhance the system. The departments share a common set of Incident Management Guidelines and Paramedic Practice Parameters (Standing Orders). Many other functions such as Fire and EMS training are standardized and delivered system wide. This system brings together over 30 stations and 600 fire rescue personnel in a standardized service while still allowing for individuality among the agency participants.

#### Occupational Health Care

The City of Altamonte Springs which is located in the southern portion of Seminole County and approximately 10 miles north of Orlando provides full municipal services with over 510 employees. Occupational healthcare services are provided by a contracted local physician group. These services include pre-employment and annual physicals (as required by NFPA 1500), preventative medicine such as influenza and hepatitis immunizations, required testing such as TB and exposure, and medical opinion

and return to work certifications. Additionally, workers compensation injuries and claims are evaluated by two contracted physician groups. City workers are given a choice between the two at the time of injury. The City also has a policy that any workers compensation injury be reviewed by a fire department paramedic prior to being seen by a physician. The paramedic evaluates the injury and determines the need for and type of follow-up evaluation and/or care. This includes referral to an Emergency Department (ED), minor emergency clinic, or the doctors office of choice (during normal hours).

This paper was prepared to satisfy the applied research project requirements associated with the Strategic Management Of Change (SMOC) course at the National Fire Academy (NFA). From this research a plan will be developed to implement a new program that will represent a significant change in the way fire departments paramedics deliver health care services. Traditionally, these services have been in the emergency environment to members of the community, this new program will provide additional services that have historically been delivered by other contacted providers to municipal workers generally under non-emergency conditions.

## **LITERATURE REVIEW**

### Florida Law

Until recently, the Medical Telecommunications and Transport Act, Chapter 401, Florida Statutes, limited paramedics to providing care in an emergency environment only. In its past session, the



Florida Legislature passed the Committee Substitute for Senate Bill 290, amending Chapter 401, which allows paramedics and Emergency Medical Technicians to perform certain additional health care tasks. The bill provides the authority for paramedics to administer immunizations in a non-emergency environment under certain conditions.

The bill overview reads:

An Act relating to emergency medical services; creating s. 401.272, F.S., providing for paramedics and emergency medical technicians to provide health promotion and wellness activities and blood pressure screenings; providing for paramedics to administer immunizations and requiring the verification and documentation of their qualifications to do so; providing conditions to the provision of such community health care; providing for rule making; amending s. 401.265 F.S.; specifying additional liability provisions for medical directors under certain circumstances; providing an effective date.

The Medical Practice Act, section 458.3485, Florida Statutes, as amended, would cover services provided in a non-emergency environment by a paramedic beyond those specified in Chapter 401, Florida Statutes. This section allows a medical assistant to perform all aspects of medical practice under the direct responsibility of a physician (medical director or occupational health care provider).

Section 458.3485, Florida Statutes state read:

1) DEFINITION.-- As used in this section, “medical assistant” means a professional multi-skilled person dedicated to assisting in all aspects of medical practice under the direct supervision and responsibility of a physician. This practitioner assists with patient care

management , executes administrative and clinical procedures, and often performs managerial and supervisory functions. Competence in the field also requires that a medical assistant adhere to ethical and legal standards of professional practice, recognize and respond to emergencies, and demonstrate professional characteristics.

(2) DUTIES.-- Under the direct supervision and direct responsibility of a licensed physician, a medical assistant may undertake the following duties:

(a) Performing clinical procedures to include:

1. Performing aseptic procedures
2. Taking vital signs
3. Preparing patients for the physician's care
4. Performing veni-punctures and non-intravenous injections
5. Observing and reporting patient's signs or symptoms

(b) Administering basic first aid

(c) Assisting with patient examinations or treatments

(d) Operating office medical equipment

(e) Collecting routine laboratory specimens as directed by the physician

(f) Administering medication as directed by the physician

(g) Performing basic laboratory procedures

(h) Performing office procedures and administrative duties required by the physician

(i) Performing dialysis procedures, including home dialysis

As a result of statute, the State of Florida will allow fire department paramedics to deliver extended services in the workplace with documented training and with the approval of their local medical director. Nationwide, however, this is not true. In documentation sent back by several survey respondents it was shown that opinions vary from state to state. In Oregon for example, paramedics may only administer medications under emergency conditions. In a written communication from the Oregon Board of Medical Examiners, Kathleen Haley (personal communication, April 9, 1997) states that emergency care is defined as:

The performance of acts or procedures *under emergency conditions* in the observation, care and counsel of the ill, injured or disabled; in the administration of care or medication as prescribed by a licensed physician, however, emergency care does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.

Similar documentation was received from other survey respondents indicating that by law, New Jersey for example, that fire department personnel would not be allowed to provide the types of occupational health care services being discussed.

In a written response and a subsequent telephone interview on June 15, 1998, David Register, Senior Management Analyst from the Florida Department of Health, reiterated the legal position referenced in the previous discussed Senate Bill and Florida Statutes regarding his office's opinion on the legality of fire department paramedics providing certain extended occupational health care skills. He did however, suggest that local legal counsel be consulted prior to the implementation of any proposed plan.

### Potential Services

Marine Denizard, R.N., senior Community Health Nursing Supervisor for the Seminole County, Florida, Department of Public Health advised during a phone interview (May 27,1998) that there is a wide variety of preventive and screening programs that could be administered via fire department paramedics in an expanded occupational health care delivery system. The most obvious according to Ms. Denizard will be those that are required. This would include Hepatitis B (HBV) vaccination series addressed in the OSHA Standard 1910.1030. According to OSHA, employers must make available Hepatitis B vaccinations to all employees that have the potential for exposure. These vaccinations must be made at no cost to the employee, at a reasonable place and time and performed under the supervision of a licensed physician.

Another required medical screening program for fire department EMS transport care workers is TB testing. Volume 43 of The Center for Disease Control (CDC) Mortality and Morbidity Weekly Report MMWR (Pg 10), identifies workers that routinely treat and transport six or more TB patients a year as being at intermediate risk and recommends testing every 6- 12 months. A review of the Altamonte Springs Fire Department run records indicates that in each of the last 5 years more than 6 persons were identified as potential TB carriers. Additionally, if contact occurs with a suspected TB patient, the employee should be given the test at an additional three month interval. Financially, this can create quite an impact to municipal budgets. At the quoted rate by the Altamonte Springs Occupational Healthcare Provider of \$10.00 per test versus the actual cost of 67 cents per test when performed in house, there is great potential for savings.

Additional services identified include influenza vaccinations, Diphtheria Pertussis-Tetanus, mumps, measles, rubella (MMR) vaccinations, blood sugar (glucose) levels, 12 lead EKG base line recording and blood screening for infectious diseases. Additionally, cardiac profile testing which includes information on levels of cholesterol, triglyceride, high density lipoprotein (HDL), low density lipoprotein (LDL), Potassium, Sodium, BUN, Creatinine, pulmonary function, vision and audiometry. For certain occupations, other specific services were suggested. These included rabies vaccinations for animal control workers and Hepatitis A (HAV) vaccinations for public works employees such as water reclamation and sanitation workers that have the potential to come in contact with fecal matter.

The CDCs MMWR Volume 46 (Pg 3) strongly recommends that health care workers (including paramedics and emergency medical technicians) be vaccinated for Hepatitis B, influenza, measles, mumps and rubella. Each of these being vaccine preventable. Cowell (1989) writes that the implementation of an employee vaccination program is the sensible thing to do in the workplace environment. Several cases are listed where it was evident that the cost of the program more than offset the costs associated with employee illness and absence prior to the implementation of such programs.

#### Current Service Provision

Jim Judge, EMS Chief from Indian River County, Florida (May 28, 1998) related during a phone interview that paramedics in his jurisdiction routinely offer influenza, hepatitis A & B, tetanus, rabies (animal control workers only), mumps, measles, rubella (MMR), and diphtheria immunizations to any employee in Indian River County that accepts the opportunity to receive them.

According to Chenoweth (March 1989) the overall health and health care use patterns of

employee groups impacts directly on the financial health of the employer. He states, “the success of a work site health management program is determined by whether it meets certain goals.” Recent surveys indicate that more Americans are exercising and taking steps to promote their health. For this reason, employers are providing fitness facilities, but in most cases they are missing the “big picture” when it comes to the provision of health care.

An example of this is the influenza vaccination program for City of Altamonte Springs employees. A voluntary flu vaccination program was begun in 1994. Over half of the City’s 510 employees currently participate. True influenza can be a debilitating illness that costs the loss of between one and two weeks of employee work time per occurrence. According to the City of Altamonte Springs payroll register, the City has been able to reduce its average annual employee sick leave use from 49.5 hours per year to just under 21 hours since the inception of the influenza vaccination program. While records cannot be produced to indicate an exact correlation between the two sets of averages, the decrease is significant enough to expect that it is a factor.

Chenoweth goes on to highlight several innovative programs throughout the country that practice not only required occupational delivery, but also pro-active in the form of immunizations and screenings. A Reading, PA business has developed high blood pressure screening along with cancer education. Other businesses provide cancer screenings, self exam programs and cholesterol screenings. Most of these also offer education programs to go along with the testing.

The provision of some occupational health care services to fire department members is not a new concept. “LA County FD to offer Hepatitis B Vaccinations” (1989), discusses the start up of their

free hepatitis B vaccinations to any of the departments 2300 members that wanted to be vaccinated.

The article quotes a joint advisory from the Department of Labor and the Department of Health and Human Services that stated “the employer should make available at no cost to the employee, voluntary HBV (hepatitis B) immunization for all workers whose employment requires them to perform tasks that involve exposure to blood, body fluids or tissue.” At the time of the article, this was one of the largest hepatitis vaccination programs ever undertaken for public service employees.

Several examples were also found where fire department evaluate workers compensation injury for treatment levels. According to the Boca Raton, Florida Operating Instruction Manual, city employees have been evaluated by fire department paramedics since 1994. Employees are evaluated at either the fire stations or a paramedic unit is dispatched to the scene via the 911 system. Once evaluated by the paramedic, a determination is made whether follow-up care is required. Depending on what type of additional care is needed the paramedic will make an appointment with the appropriate provider or transport the patient to a medical facility.

A similar program was found in the City of Satellite Beach, Florida. Their procedure states that city employees or volunteers will have injuries evaluated by a fire department paramedic and either receive treatment at the site or be referred to the city’s medical care provider.

#### Health Community Opinion

A preconceived opinion regarding implementation of these programs concerned the possibility for negative financial impact to the occupational health care providers that service the City of Altamonte

Springs. In an interview with Benjamin G. Newman, M.D. (the City's occupational healthcare provider) on June 09, 1998 it was discovered that he felt that the impact would be insignificant. According to Dr. Newman, for him to provide office staff to come to a City facility and be taken away from their primary office functions generally provides him with only a "break even" result in profitability. This also creates problems with re-scheduling other patients in the office environment due to his staff being off site.

Russell Graham, M.D., who also provides medical services to the City, agreed with Dr. Newman's thoughts in a separate interview conducted on June 11, 1998. He advised that while it would be easy to pre-conceive that his practice would lose money by fire department paramedics taking over several occupational health care services that in reality his figures also showed no more than a break even situation.

The Medical Director for the Altamonte Springs Fire Department, Dr. Ron Brown also provided insight during an interview conducted on June 04, 1998. Dr. Brown supported the expansion of occupational health care services by the paramedics under his medical control. He stated that he felt that not only do municipalities have a responsibility to their employees to provide health care services, but also to the tax payers to reduce the cost associated with absentee employees and to deliver the services to do this in a cost effective manner. He went on to say that "quite obviously, the use of fire department paramedics to accomplish these tasks" is the logical way to proceed.



## PROCEDURES

### Definition of Terms

For the purpose of this study the following definition applied:

Occupational Health Care Services: medical services provided to municipal employees to aid in the treatment, detection or prevention of injury and illness.

Workers Compensation Provider: Physician(s) contracted to the City to provide treatment or referral for “on the job” injuries

### Research Methodology

The research methods used in preparing this paper began with a literature review in the Learning Resource Center (LRC) at the National Fire Academy. Additional literature review was conducted at the Altamonte Springs Library, and the Seminole Community College Library in Sanford, Florida, as well as the Altamonte Springs Fire Department’s periodical resources. The literature review was assisted by Internet searches for journal articles dealing with the subject.

The literature review focused on three areas. The first dealt with legal issues and Florida laws pertaining to the delivery extended services by paramedics. The second identified those programs which could be made available to municipal employees via fire department paramedics. And the third dealt with any examples of the above practices in use throughout the country.

Subsequent to information request letters, interviews were conducted with Dr. Benjamin G. Newman, the City’s occupational health care provider and one of two workers compensation providers, and Dr. Russell Graham, the second worker compensation provider to the City of Altamonte

Springs. Additional interviews were conducted with Dr. Ron Brown, Medical Director, Seminole County EMS, Marine Denizard, R.N., the senior Community Health Nursing Supervisor for the Seminole County Health Department, Jim Judge, EMS Chief of the Indian River County, Florida, Department of Emergency Services, and with David C. Register, Senior Management Analyst from the Florida Department of Health.

A survey instrument entitled “Occupational Health Services Survey” (see Appendix A), was developed and sent to 230 Fire Departments, 125 within the state of Florida and 105 in other states. The mailing list for these agencies was provided by various methods including student lists from numerous Executive Fire Officer courses at the NFA and the Florida Fire Chiefs Association member list. An effort was established to include departments of various sizes and geographical makeup (urban and rural). A letter was provided (see Appendix B) to explain the purpose of the survey and a self-addressed stamped envelope was provided to facilitate the surveys return. Specific questions that were asked included: (a) size of department; (b) the type of EMS services provided to the community; and (c) specific occupational health services provided to fire department employees and to other municipal employees. Additionally, it was requested that copies of any programs, policies or procedures concerning occupational health care be provided with the surveys return. Of the 230 surveys, 190 (83 percent) were returned. Of the 190 returned, 179 (78 percent) provided completed usable data.

#### Assumptions and Limitations

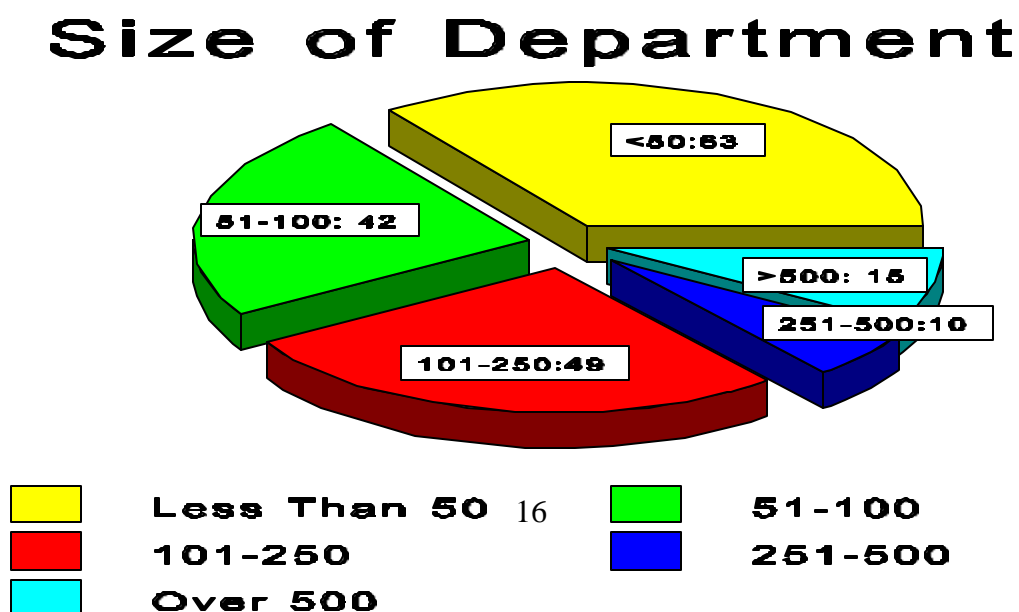
The research was limited by the following factor. While the cover letter specifically asked that

questions about specific occupational health care services be answered from the viewpoint of being provided by fire department employees (paramedics), it became evident that positive responses were given when the services were provided by outside providers. An attempt was made to validate these answers by two methods: (a) direct contact via phone with the respondent when the information was available and (b) comparison to the type of EMS service that was available to the community. Obviously, if a department did not provide Advanced Life Support (ALS) service to the community, they would have no way of providing the majority of the services in question by in house fire department operations staff personnel.

## RESULTS

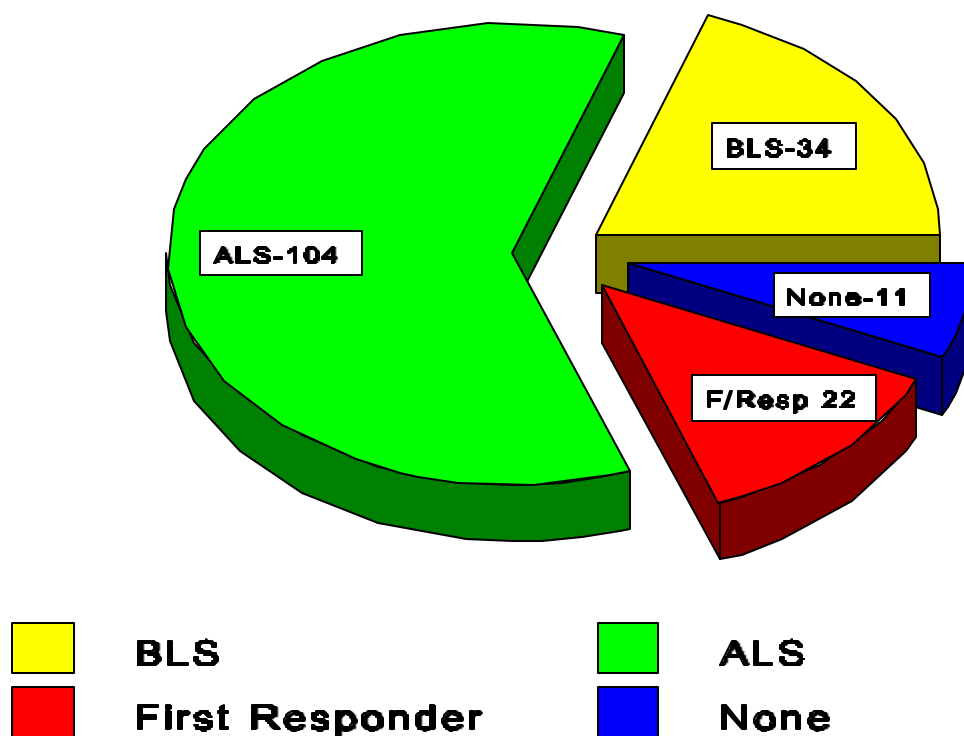
### Answers to Research Questions

1. Identify the size of your department:



2. Identify the EMS services that you provide

## EMS Service Provided



The survey showed a direct correlation between the type of EMS service provided and whether or not extended services were offered. Obviously, extended medical skills could only be practiced by an agency that provided Advanced Life Support (ALS) and employed paramedics for the provision of that service.

### 3. Do you provide any of the following additional occupational Healthcare Services?

		<b>Fire Department Employees</b>		<b>Other Municipal Employees</b>	
A. Influenza Vaccinations		33	18.4%	16	8.9%
B. Hepatitis Vaccinations		50	27.9%	17	9.4%
C. Hepatitis Titer Testing		33	18.4%	9	5%
D. TB (Ppd) Testing		36	20.1%	8	4.4%
E. Routine Blood Testing (cardiac profile etc)	17	9.4%	3	1.6%	
F. Blood testing for exposure control	17	9.4%	4	2.2%	
G. Tetanus administration		18	10%	6	3.3%
H. Injury Evaluation		37	20.6%	25	13.9%
I. Minor wound care		54	30.1%	28	15.6%
J. <b>Other:</b> Colon/Prostate Cancer screen		2	1.1%	0	0%
Heavy Metals testing	1	.5%	0	0%	
Medical screening (eyesight, hearing)	1	.5%	0	0%	

## DISCUSSION

The purpose of this study was determine the feasibility of establishing an in house program for the delivery of occupational health care services for the municipal employees of the City of Altamonte

Springs utilizing fire department paramedics. The answer is that such a program is not only possible, but can provide a significant cost savings to the City of Altamonte Springs as well.

Documentation was widely available on the requirements and recommendations for these types of services for municipal employees. Along with the literature review, the data collected from the survey instrument and the recommendations provided by the current occupational health care providers and the medical director for the City, it was determined that several specific services should be offered to employees. These include: workers compensation injury screening (including treatment/transport), an aggressive influenza vaccination program for all employees, a selected immunization program for specific employees (Hepatitis A & B, Tetanus) and evaluative testing (TB, Hepatitis titer, coronary risk profile).

The survey showed that these programs are underway across the country and that generally the size of the department was not a factor in their implementation. It should be noted that the larger metropolitan departments provided documentation that stated a propensity to utilize department operated medical services with hired clinical staffing (doctors and registered nurses) versus utilizing field paramedics. This is feasible in these situations where there were large numbers of employees that would utilize the services and it has become more cost effective to provide staffing to administer them rather than to out source the services.

The services listed in the survey were also very diverse, ranging from the required services such as TB testing and Hepatitis vaccinations to extensive wellness testing which included cancer and

coronary disease screening.

During this research, comparison pricing was collected for potential in house services versus the cost for same services at a physician staffed health care provider's (HCP) office. These prices reflect the cost for one patient/dose and include ancillary costs such as syringes and infectious waste disposal.

<u>Service</u>	<u>In House w/ Paramedics</u>	<u>HCP Office</u>
Influenza Vaccination	\$ 2.50	\$12.00
Hepatitis B Vaccination	18.40	43.00
Hepatitis A Vaccination	44.50	50.00
Hepatitis B Titer test	8.25	25.00
Hepatitis B Antigen	8.25	45.00
Measles/mumps/rubella	27.50	32.00
TB (Mantoux) skin test	.67	10.00
Tetanus-diphtheria	.65	10.00
Coronary risk profile	5.25	20.00
Colinesterase	23.00	35.00

As the chart shows, savings can be significant, especially in those areas such as influenza vaccinations where large numbers of employees can be impacted. An example would be influenza and TB testing for City of Altamonte Springs employees (120 TB tests, 400 influenza), the

in-house cost would be \$1080 compared to the HCP cost of \$6000, a savings of \$4920. But the intangible benefit of this program is even greater. The cost associated with vaccinating 400 employees against influenza is small (\$1000) compared to what it costs when even one of these employees contract the flu and misses from one to two weeks of work.

The average annual cost associated with workers compensation injuries within the City for the previous five years is over \$177,000. By establishing a better initial assessment system of these injuries by fire department paramedics, it is anticipated that savings will result by a better identification process of the level of medical care that is actually required. Paramedics will decide whether to treat on the scene, make an appointment with the HCP office, transport the patient to a hospital emergency department or minor care clinic and in some cases, if no further treatment is required. This can all be provided with the approval of the medical director under his liability umbrella.

## **RECOMMENDATIONS**

There is definite savings potential both in tangible and intangible costs associated with occupational health care provision by fire department paramedics. A department operating procedure will be developed for the deployment of an in-house program administered by a select group of fire department paramedics that have received additional training approved by the medical director.

Specific areas to be implemented initially will include the expansion of employee injury evaluation and an aggressive influenza vaccination program for all city employees. TB testing and



Hepatitis B vaccinations and titer testing will be provided to all fire department employees, and Hepatitis A vaccinations will be offered to certain public works employees. A second phase of this program will be implemented in approximately one year to include the delivery of MMR vaccine, tetanus-diphtheria, and wellness testing consisting of coronary risk profiles.

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Medical Services (1998).

## Appendix A

## Altamonte Springs Fire Department Occupational Health Services Survey

1. Identify the size of your department:

☐ Less than 50      ☐ 51-100      ☐ 101-250      ☐ 251-500      ☐ Over 500

2. Identify the EMS services you provide (check all that apply):

☐ BLS      ☐ ALS    ☐ First Responder      ☐ Transport      ☐ None

3. Do you provide any of the following additional occupational healthcare services:

	<b>Fire Department Employees</b>	<b>Other Municipal Employees</b>
A. Influenza Vaccinations	<input type="checkbox"/>	<input type="checkbox"/>
B. Hepatitis Vaccinations	<input type="checkbox"/>	<input type="checkbox"/>
C. Hepatitis Titer Testing	<input type="checkbox"/>	<input type="checkbox"/>
D. TB (Ppd) Testing	<input type="checkbox"/>	<input type="checkbox"/>
E. Routine Blood testing (cardiac profile etc)	<input type="checkbox"/>	<input type="checkbox"/>
F. Blood testing for exposure control (ie HIV)	<input type="checkbox"/>	<input type="checkbox"/>
G. Tetanus administration	<input type="checkbox"/>	<input type="checkbox"/>
H. Injury Evaluation <b>**SEE NOTE</b>	<input type="checkbox"/>	<input type="checkbox"/>
I. Minor wound Care	<input type="checkbox"/>	<input type="checkbox"/>
J. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**\*\*Evaluation by Paramedic to determine the level of care required for an employee that receives a workers compensation injury. Examples would be to refer to the emergency room, a physicians office or no additional care required.**

Copies of any programs, policies or procedures that you currently have will be greatly appreciated.  
Thank you for your assistance in returning this survey.

## Appendix B

### Survey Letter

Greetings:

The Altamonte Springs Fire Department is currently looking at the feasibility of expanding the job role of its Paramedics to include the delivery of several occupational health care services to all the employees of our municipality. As part of a research project to implement this program and at the same time to meet the requirements for an applied research project for the “Strategic Management of Change” course at the National Fire Academy, please find enclosed the “Occupational Health Services” survey.

I would ask that you complete this survey and return it at your earliest convenience in the pre-addressed, stamped envelop provided. The information gathered by the survey will be combined with the information from other fire departments nationwide. The compiled information will then be used to develop and institute an expanded occupational health program for the City of Altamonte Springs.

Thank you for your time and consideration. If you would like a copy of the completed program, please make a note of that fact on the survey and include your name and address.

Sincerely,

Terry Winn  
Assistant Chief

## Appendix C

Physician, HRS, County Health Dept Letters etc

Pam Lesley  
Bureau of Emergency Medical Services  
2002 Old St Augustine Rd, Building D  
Tallahassee, FL 32301-4881

Dear Pam,

The Altamonte Springs Fire Department is currently looking at the feasibility of expanding our Paramedic's job role to include the delivery of additional occupational health care services to all the employees of the City of Altamonte Springs. Currently we provide worker's compensation injury evaluation to determine the level of care, if any, that is required prior to the employee actually seeing a physician. Additionally, last October our Paramedics provided influenza vaccinations to approximately 200 City employees.

I would like to receive medical and legal opinions from the Bureau on expanding these services. Particular areas of interest are in the provision of Hepatitis vaccination and Titer testing, blood draws for routine and exposure control testing, tetanus administration, minor wound care and the required semi-annual Ppd testing for Fire Department operations personnel. I would additionally appreciate any input you might have in identifying additional services that might be handled in house and what additional education would be required of our Paramedic staff prior to implementation of these programs.

I have already discussed this program with our local Medical Director, Dr. Ron D. Brown, and the private providers contracted by the City to provide current occupational health care services. We have received positive input of support from both entities regarding this program. Additionally, we identified last year that the negative financial impact to the private providers via the loss of these services does not seem to be of any significance. An example was our influenza administration program last October. The "**break even**" point for materials and staff costs for one local provider was \$10.00 per administration. By utilizing on-duty Paramedics we were able to lower the cost to just under \$2.00 per person, a savings of \$1200 to the City as a whole.

I look forward to hearing your opinions and guidance in this matter and remain available to discuss these expansion opportunities at your convenience.

Sincerely,

Terry Winn, Assistant Chief  
Healthcare Services

Appendix D  
Occupational Health Care Guidelines- DOI



**ALTAMONTE SPRINGS FIRE DEPARTMENT  
DEPARTMENT OPERATING INSTRUCTIONS**

Prepared by: Terry Winn, Assistant Chief, Health Care

Approved by: George S. Gaston, Fire Chief

Effective Date:

Revision: 1

Supersedes: N/A

Section: 600 Page: 1 of 2

**DRAFT**

<b>SUBJECT:</b>	<b>Occupational Health Care Guidelines</b>
<b>SCOPE:</b>	To provide a standardized set of procedures that address the administration of occupational health care services by fire department paramedics.
<b>PURPOSE:</b>	To insure that proper procedure and reporting is maintained when providing occupational health care services to City employees.
<b>AREAS AFFECTED:</b>	Selected ASFD Paramedics that have received training in the administration of certain occupational health care programs
<b>POLICY STATEMENT:</b>	It shall be the policy of the Altamonte Springs Fire Department to provide certain occupational health care services and documentation of the same to City employees via the use of Fire Department Paramedics.

**Authority**

1. Paramedics are granted the authority to provide extended health care services by Senate Bill 290 amending The Telecommunications and Transportation Act, Florida Statute 401 and the Medical Practice Act, section 458.3485, Florida Statutes.

**ALTAMONTE SPRINGS FIRE DEPARTMENT**  
**DEPARTMENT OPERATING INSTRUCTIONS (CONTINUED)**  
**SUBJECT: Occupational Health Care Guidelines**  
**DATE: 8/96      PAGE: 2 OF 2**

2. Training in these additional health care services will be provided by an approved source and must be documented and authenticated by the Medical Director on a form of the departments choice prior to the administration of the selected procedures.

### **Participants**

1. Paramedics selected for participation in this program will be made at the suggestion of each shift's Assistant Chief with the final approval made by the Assistant Chief of Health Care Service and the Fire Chief..
2. There will be at minimum, 2 representatives from each of the three operational shifts.

### **Approved Services**

1. The following Services have been approved for delivery by fire department Paramedics:
  - A. Influenza Vaccinations- to be offered annually (October) to all City employees.
  - B. Hepatitis B vaccination series, booster and titer testing (Fire Department and selected public works Employees) To be offered to these employees upon employment with follow up titer testing every 5 years
  - C. Hepatitis A vaccinations (selected public works employees)- to be offered to these employees upon employment
  - D. Tuberculosis (TB) testing- Mandated for Fire Department Special Risk employees at six month intervals
2. Specific vaccinating and testing criteria will be documented and filed accordingly at the time of the initial training in the approved areas in the office of the Assistant Chief of Health Care Services.

### **Documentation**


1. Documentation will be maintained by the Assistant Chief of Health Care Services.

### **Additional Services**

1. Additional Services may be added at such time as approved by the Medical Director.



Appendix E  
City Employee Injuries- DOI

	<p><b>ALTAMONTE SPRINGS FIRE DEPARTMENT DEPARTMENT OPERATING INSTRUCTIONS</b></p> <p>Prepared by: Terry Winn, Assistant Chief, Health Care</p> <p>Approved by: George S. Gaston, Fire Chief</p> <p>Effective Date:                      Revision: 1</p> <p>Supersedes:    N/A                      Section: 600    Page: 1 of 3</p>
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DRAFT

**SUBJECT:**                      **City Employee Injuries**

**SCOPE:**                      To provide a standardized set of procedures that address employee injuries, city wide as well as fire department special risk members.

**PURPOSE:**                      To insure that proper procedure and reporting is maintained when evaluating and documenting on duty employee injuries.

**AREAS**

**AFFECTED:**                      All ASFD Paramedics, Emergency Medical Technicians (EMTs) and supervisors that are involved in the reporting, evaluation of and documentation of employee injuries.

**POLICY**

**STATEMENT:**                      It shall be the policy of the Altamonte Springs Fire Department to insure that all employee injuries in the City of Altamonte Springs are evaluated by a Fire Department Paramedic to determine the best course of treatment for that employee and that consistent proper documentation is maintained.

**City Employee Injuries**

2.        If the injury is severe, immediate notification will be made via 911 for emergency response by a Fire Department Advanced Life Support (ALS) unit. Immediate evaluation/treatment will be provided at the scene of the injury. If hospital treatment is required, the employee will be transported to:  
          Florida Hospital Altamonte  
          601 East Altamonte Dr  
          Altamonte Springs, FL 32701  
          767-2230

**ALTAMONTE SPRINGS FIRE DEPARTMENT**  
**DEPARTMENT OF OPERATING INSTRUCTIONS (CONTINUED)**  
**SUBJECT: City Employee Injuries**  
**DATE: 8/98      PAGE: 2 OF 3**

3. **ALL** injuries no matter how slight they seem must be reported to a supervisor immediately. If the injury is minor and can be treated with minimal first aid (band-aid), no further evaluation will be necessary. (If an employee meeting this qualification stops by the FD for evaluation- NO EMS REPORT WILL BE REQUIRED. For all other injuries, the supervisor will the initiate evaluation by a fire department paramedic, making arrangements for the injured employee to be transported to one of the fire stations.
4. The injured employees supervisor is responsible to complete Worker's Compensation Investigation Form and, if injuries require, a Notice of Injury Form.
5. The Fire Department Paramedic will initiate an Incident Number from the communications center. The injury will then be evaluated and documented on the standard EMS report. If the Fire Department Paramedic feels that further treatment is required, the employee may select on of the two providers listed below:

Alliance Medical Group

393 Whooping Loop

Suite 1461

Altamonte Springs, FL 32701

331-5511

Special pager for ASFD:

Newman Family Practice

661 E Altamonte Dr

Suite 115

Altamonte Springs, FL 32701

831-4040

570-3307

6. For after hours care, **the Paramedics shall make a determination** as to whether the employee will go to one of the following facilities:

**Major Emergencies**

Florida Hospital Altamonte

601 East Altamonte Dr

Altamonte Springs, FL 32701

767-2230

**Minor Emergencies**

Centra Care

440 West Hwy 436

Altamonte Springs, FL 32714

788-2000

Centra Care should be utilized as the first resource. If a Paramedic has a question as to the determination of whether the patient is a minor or major emergency- they may call Centra Care and ask if the patient can be seen at that facility.

**ALTAMONTE SPRINGS FIRE DEPARTMENT**  
**DEPARTMENT OPERATING INSTRUCTIONS (CONTINUED)**  
**SUBJECT: City Employee Injuries**  
**DATE: 8/98      PAGE: 3 OF 3**

7. Any time an employee is referred for medical follow-up, the Risk Manager must be notified at extension 393. If he is not available a detailed message should be left on his voice mail. For significant notifications he may be contacted via page at 651-5677.
8. Paramedics will make contact with the doctors office or Centra Care to make appointments for the injured employees initial visit. If the provider requests authorization for treatment, this may be given by the paramedic.

**FIRE Department (Special Risk) Employee Injuries**

1. The above procedures will be followed with the additional completion of a Florida Fire Incident Report (FFIR) including a Firefighter Casualty Report.